

PHA 5-Year and Annual Plan 2010 SC035v02	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2011
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1.0 PHA Information PHA Name: Housing Authority of Newberry PHA Type: <input type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard PHA Fiscal Year Beginning: (MM/YYYY): 01/2010	PHA Code: SC035 <input type="checkbox"/> HCV (Section 8)																										
2.0 Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: 315	Number of HCV units: 235																										
3.0 Submission Type <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only																											
4.0 PHA Consortia NA	<input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)																										
<table border="1"> <thead> <tr> <th rowspan="2">Participating PHAs</th> <th rowspan="2">PHA Code</th> <th rowspan="2">Program(s) Included in the Consortia</th> <th rowspan="2">Programs Not in the Consortia</th> <th colspan="2">No. of Units in Each Program</th> </tr> <tr> <th>PH</th> <th>HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program		PH	HCV	PHA 1:						PHA 2:						PHA 3:					
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5.0 5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.																											
5.1 Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: The Housing Authority of Newberry is committed to providing quality, affordable housing that is decent and safe, to eligible families in this community. We strive to make the best use of all available resources so that our residents may live in an environment that is clean, well maintained and attractive. Our goal is to manage our public housing units in a manner that is consistent with good, financially sound property management practices. By taking advantage of available community and government resources, we intend to provide our residents with as many opportunities for economic self-sufficiency as we can identify. We endeavor to instill pride and a desire for an enhanced quality of life for our residents and their families. We are committed to serving our residents and this entire community in a manner that demonstrates professional courtesy, respect and caring.																											
5.2 Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. FY 2010-2014 GOALS AND OBJECTIVES HUD Strategic Goal: Increase the availability of decent, safe, and affordable housing.	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> PHA Goal: Expand the supply of assisted housing Objectives: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Apply for additional rental vouchers: <input checked="" type="checkbox"/> Reduce public housing vacancies: <input type="checkbox"/> Leverage private or other public funds to create additional housing opportunities: <input type="checkbox"/> Acquire or build units or developments <input type="checkbox"/> Other (list below) <input checked="" type="checkbox"/> PHA Goal: Improve the quality of assisted housing Objectives: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Improve public housing management: (PHAS score) <input checked="" type="checkbox"/> Improve voucher management: (SEMAP score) <input checked="" type="checkbox"/> Increase customer satisfaction: <input checked="" type="checkbox"/> Concentrate on efforts to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections) <input checked="" type="checkbox"/> Renovate or modernize public housing units: <input type="checkbox"/> Demolish or dispose of obsolete public housing: <input type="checkbox"/> Provide replacement public housing: <input type="checkbox"/> Provide replacement vouchers: <input type="checkbox"/> Other: (list below) <input checked="" type="checkbox"/> PHA Goal: Increase assisted housing choices Objectives: <ul style="list-style-type: none"> <input type="checkbox"/> Provide voucher mobility counseling: 																										

	<p><input checked="" type="checkbox"/> Conduct outreach efforts to potential voucher landlords: <input type="checkbox"/> Increase voucher payment standards <input type="checkbox"/> Implement voucher homeownership program: <input type="checkbox"/> Implement public housing or other homeownership programs: <input type="checkbox"/> Implement public housing site-based waiting lists: <input type="checkbox"/> Convert public housing to vouchers: <input type="checkbox"/> Other: (list below)</p> <p>HUD Strategic Goal: Improve community quality of life and economic vitality</p> <p><input checked="" type="checkbox"/> PHA Goal: Provide an improved living environment Objectives: <input type="checkbox"/> Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments: <input type="checkbox"/> Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments: <input checked="" type="checkbox"/> Implement public housing security improvements: <input type="checkbox"/> Designate developments or buildings for particular resident groups (elderly, persons with disabilities) <input type="checkbox"/> Other: (list below)</p> <p>HUD Strategic Goal: Promote self-sufficiency and asset development of families and individuals</p> <p><input checked="" type="checkbox"/> PHA Goal: Promote self-sufficiency and asset development of assisted households Objectives: <input checked="" type="checkbox"/> Increase the number and percentage of employed persons in assisted families: <input checked="" type="checkbox"/> Provide or attract supportive services to improve assistance recipients' employability: <input type="checkbox"/> Provide or attract supportive services to increase independence for the elderly or families with disabilities. <input type="checkbox"/> Other: (list below)</p> <p>HUD Strategic Goal: Ensure Equal Opportunity in Housing for all Americans</p> <p><input checked="" type="checkbox"/> PHA Goal: Ensure equal opportunity and affirmatively further fair housing Objectives: <input checked="" type="checkbox"/> Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability: <input checked="" type="checkbox"/> Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability: <input checked="" type="checkbox"/> Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required: <input type="checkbox"/> Other: (list below)</p> <p>Other PHA Goals and Objectives: (list below)</p> <p>Improve PHA Management and service delivery efforts through oversight, assistance, and selective intervention by highly skilled diagnostic and results oriented field personnel.</p> <p>Seek problem-solving partnerships with PHA residents, community, and government leadership.</p> <p>Act as an agent for change when performance is unacceptable and we judge that local leadership is not capable or committed to improvement.</p> <p>Efficiently apply limited HUD resources by using risk assessment techniques to focus our oversight efforts.</p> <p>Conduct a complete overview of our policies to ensure conformity with HUD regulations and serve our tenants in the best possible way.</p> <p>Increase communication with residents on maintenance issues effecting their everyday life, such as water turn offs, through notification on local radio stations as well as door to door notices when possible.</p> <p>STATEMENT OF PROGRESS IN MEETING GOALS AND OBJECTIVES</p> <p>Objective – Apply for additional rental vouchers: The HAN will apply for additional Section 8 vouchers to expand the supply of housing within its jurisdiction when available through HUD.</p> <p>Objective – Reduce public housing vacancies: The HAN is currently working on reducing the turnover time for vacated public housing units to lower the vacancy rate of the units as well as improve the HAN's Management Indicator.</p> <p>Objective – Improve public housing management: The HAN is currently in the process of improving public housing management functions such as lease up of units to improve their PHAS score.</p> <p>Objective – Improve voucher management: The HAN is currently in the process of improving voucher management functions such as lease up of Section 8 units to improve their SEMAP score.</p>
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6.0	<p>PHA Plan Update</p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:</p> <p>Eligibility, Selection and Admissions Policies: The HAN is currently revising the ACOP and Section 8 Administrative Plan and will be presenting to the HAN Board of Commissioners for approval after the thirty (30) day resident comment period.</p> <p>Financial Resources: The HAN Financial Statement including PHA Operating and Capital Funds, Section 8 Funds, Rental Income, Investments etc. change on an annual basis. The HAN maintains this information on file and makes it available for HUD and public review at the HAN Administration Office.</p> <p>Operation and Management: The HAN adopted an ARRA Procurement Policy for implementing the stimulus funds as recommended by HUD. This policy also includes a clause relative to the "Buy American" requirement. Additionally, the HAN is currently reviewing and revising, as necessary, all policies relating to public housing and Section 8 administration, management, maintenance, leasing and occupancy. The revised policies will be presented to the HAN Board of Commissioners for approval after any required thirty (30) day resident comment period.</p>

	<p>Fiscal Year Audit: The HAN's most recent Audit is on file at the HAN Administration Office and is available for HUD and public review.</p> <p>Violence Against Women Act (VAWA): The HAN Board of Commissioners has approved the required VAWA Policy which is attached.</p> <p>(b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions.</p> <p>Housing Authority of Newberry Administration Office, 3589 Grant Avenue, Newberry, South Carolina 29108</p>
7.0	<p>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable.</i></p> <p>Not Applicable: The HAN is not participating in any of the above listed programs.</p>
8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.
8.1	<p>Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFFP financing.</p> <p>See attached Forms HUD 50075.1 for FFY 2010 and all open CFP Grants.</p>
8.2	<p>Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.</p> <p>See attached Form HUD 50075.2 for Five-Year CFP.</p>
8.3	<p>Capital Fund Financing Program (CFFP).</p> <p><input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p> <p>Not Applicable</p>

9.0	<p>Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <p>The HAN has consulted with the Newberry County's Consolidated Plan for Housing and Community Development in an effort to identify specific housing needs. Housing needs data for the HAN and this Agency Plan has also been developed from the 2000 Census and the HAN current public housing and Section 8 waiting lists. See tables below:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="8">Housing Needs of Families in the Jurisdiction by Family Type</th> </tr> <tr> <th>Family Type</th> <th>Overall*</th> <th>Affordability</th> <th>Supply</th> <th>Quality</th> <th>Accessibility</th> <th>Size</th> <th>Location</th> </tr> </thead> <tbody> <tr> <td>Income <= 30% of AMI</td> <td>667</td> <td>3</td> <td>3</td> <td>2</td> <td>1</td> <td>NA</td> <td>NA</td> </tr> <tr> <td>Income >30% but <=50% of AMI</td> <td>339</td> <td>2</td> <td>2</td> <td>2</td> <td>1</td> <td>NA</td> <td>NA</td> </tr> <tr> <td>Income >50% but <80% of AMI</td> <td>194</td> <td>1</td> <td>2</td> <td>2</td> <td>1</td> <td>NA</td> <td>NA</td> </tr> <tr> <td>Elderly</td> <td>252</td> <td>1</td> <td>2</td> <td>2</td> <td>1</td> <td>NA</td> <td>NA</td> </tr> <tr> <td>Families with Disabilities</td> <td>NA</td> <td>NA</td> <td>NA</td> <td>2</td> <td>1</td> <td>NA</td> <td>NA</td> </tr> <tr> <td>Race/Ethnicity/White</td> <td>622</td> <td>NA</td> <td>NA</td> <td>2</td> <td>1</td> <td>NA</td> <td>NA</td> </tr> <tr> <td>Race/Ethnicity/Black</td> <td>953</td> <td>NA</td> <td>NA</td> <td>2</td> <td>1</td> <td>NA</td> <td>NA</td> </tr> <tr> <td>Race/Ethnicity/Hispanic</td> <td>169</td> <td>NA</td> <td>NA</td> <td>2</td> <td>1</td> <td>NA</td> <td>NA</td> </tr> <tr> <td>Race/Ethnicity/Other</td> <td>NA</td> <td>NA</td> <td>NA</td> <td>NA</td> <td>NA</td> <td>NA</td> <td>NA</td> </tr> </tbody> </table> <p>*Source: CHAS Data, Town of Newberry, South Carolina Jurisdiction Area, 2000 Census</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4">Housing Needs of Families on the PHA's Current Waiting List</th> </tr> </thead> <tbody> <tr> <td colspan="4"> Waiting list type: (select one) <input type="checkbox"/> Section 8 tenant-based assistance <input type="checkbox"/> Public Housing <input checked="" type="checkbox"/> Combined Section 8 and Public Housing S8 (389) PH (362) <input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional) If used, identify which development/subjurisdiction: </td> </tr> <tr> <td></td> <td># of families</td> <td>% of total families</td> <td>Annual Turnover (PH)</td> </tr> <tr> <td>Waiting list total:</td> <td>751</td> <td></td> <td></td> </tr> <tr> <td>Extremely low income <=30% AMI</td> <td>383</td> <td>51%</td> <td></td> </tr> <tr> <td>Very low income(>30% but <=50% AMI)</td> <td>323</td> <td>43%</td> <td></td> </tr> <tr> <td>Low income(>50% but <80% AMI)</td> <td>45</td> <td>6%</td> <td></td> </tr> <tr> <td>Families with children</td> <td>669</td> <td>89%</td> <td></td> </tr> <tr> <td>Elderly families</td> <td>21</td> <td>3%</td> <td></td> </tr> <tr> <td>Families with Disabilities</td> <td>67</td> <td>9%</td> <td></td> </tr> <tr> <td>Race/ethnicity White</td> <td>153</td> <td>20%</td> <td></td> </tr> <tr> <td>Race/ethnicity Black</td> <td>583</td> <td>78%</td> <td></td> </tr> <tr> <td>Race/ethnicity Hispanic</td> <td>15</td> <td>2%</td> <td></td> </tr> <tr> <td>Race/ethnicity Other</td> <td>0</td> <td>0%</td> <td></td> </tr> <tr> <td colspan="4"> Characteristics by Bedroom Size (Public Housing Only) </td> </tr> <tr> <td>1 BR</td> <td>122</td> <td>34%</td> <td></td> </tr> <tr> <td>2 BR</td> <td>160</td> <td>44%</td> <td></td> </tr> <tr> <td>3 BR</td> <td>66</td> <td>18%</td> <td></td> </tr> <tr> <td>4 BR</td> <td>14</td> <td>4%</td> <td></td> </tr> <tr> <td>5 BR</td> <td>0</td> <td>0%</td> <td></td> </tr> <tr> <td colspan="4"> Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes: How long has it been closed (# of months)? 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Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes: How long has it been closed (# of months)? NA Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes																																																																																																																																																																													

9.1	<p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</p> <p>The HAN will continue its efforts to meet the specific needs of residents within the jurisdiction of the HAN as identified above. Although the HAN will meet the needs of all of our residents, special emphasis will be directed towards the highest percentage needs such as the provision of smaller size bedroom units (1 & 2 bedroom sizes) for families with children, elderly and individuals with disabilities. In addition, the HAN will continue to employ effective management and maintenance policies to minimize vacancies and turnover time.</p>
10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>As discussed in Section 5.2 of this form, the Housing Authority of Newberry continues its ongoing efforts to meet the Mission and Goals identified in our most recent 5-Year Agency Plan. The HAN is diligent in providing safe, decent and affordable housing; creating opportunities for our resident's self-sufficiency and economic independence; and assure fiscal integrity in all public housing programs. Our staff is continually striving to improve our management and service delivery efforts, as well as maintain the physical appearance and function of our dwelling units, grounds and facilities.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p> <p>HAN's definition of "Significant Amendment or Substantial Deviation":</p> <p>Substantial Deviation from the 5-year Plan is defined as changes in the goals and objectives of the Housing Authority of Newberry.</p> <p>Significant Amendment or Modification to the Annual Plan will be defined as follows:</p> <ul style="list-style-type: none"> a. Changes to rent or admission policies or organization of the waiting list. b. Addition of non-emergency work items (not included in the Capital Fund Annual Statement or Five-Year Action Plan) c. Any changes or demolition, designation, home-ownership programs, or conversion activities. <p>An exception to this definition will be made for any of the above that are adopted to reflect changes in HUD regulatory requirements.</p>
11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights) ATTACHED</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) ATTACHED</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) ATTACHED</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) ATTACHED</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only) NA</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. ATTACHED</p> <p>(g) Challenged Elements NONE</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) ATTACHED</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only) ATTACHED</p>

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary

Line	PHA Name: Housing Authority of Newberry	Grant Type and Number Capital Fund Program Grant No: SC35P01650110 Date of CFFP: _____	Replacement Housing Factor Grant No: _____		FFY of Grant: 2010 FFY of Grant Approval: 2010
			<input checked="" type="checkbox"/> Original Annual Statement	<input type="checkbox"/> Reserve for Disasters/ Emergencies	
		<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Revised Annual Statement (revision no: _____) <input type="checkbox"/> Final Performance and Evaluation Report	
				Total Estimated Cost	Total Actual Cost ¹
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds		0		
2	1406 Operations (may not exceed 20% of line 21) ³		31,251		
3	1408 Management Improvements		20,000		
4	1410 Administration (may not exceed 10% of line 21)		50,000		
5	1411 Audit		0		
6	1415 Liquidated Damages		0		
7	1430 Fees and Costs		50,000		
8	1440 Site Acquisition		0		
9	1450 Site Improvement		20,000		
10	1460 Dwelling Structures		385,000		
11	1465.1 Dwelling Equipment—Nonexpendable		16,000		
12	1470 Non-dwelling Structures		0		
13	1475 Non-dwelling Equipment		41,000		
14	1485 Demolition		0		
15	1492 Moving to Work Demonstration		0		
16	1495.1 Relocation Costs		0		
17	1499 Development Activities ⁴		0		

¹ To be completed for the Performance and Evaluation Report

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations

⁴ RHF funds shall be included here

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
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 Expires 4/30/2011

Part I: Summary		Grant Type and Number Capital Fund Program Grant No: SC35PD1650110 Replacement Housing Factor Grant No:	Federal FY of Grant: 2010 FFY Of Grant Approval: 2010
<input checked="" type="checkbox"/> Original Annual Statement	<input type="checkbox"/> Reserve for Disasters/ Emergencies	<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: Line Summary by Development Account	Total Estimated Cost	Revised ²	Total Actual Cost ¹
	Original	Obligated	Expended
18a 1501 Collateralization or Debt Service paid by the PHA	0		
18b 90000 Collateralization or Debt Service paid via System of Direct Payment	0		
19 1502 Contingency (may not exceed 8% of line 20)	0		
20 Amount of Annual Grant: (sum of lines 2 – 19)	613,251		
21 Amount of line 20 Related to LBP Activities	0		
22 Amount of line 20 Related to Section 504 Activities	0		
23 Amount of line 20 Related to Security – Soft Costs	0		
24 Amount of Line 20 Related to Security – Hard Costs	0		
25 Amount of line 20 Related to Energy Conservation Measures	0		
Signature of Executive Director <i>John B. Lewis</i>	Date 10-15-09	Signature of Public Housing Director	Date

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Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
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 Expires 4/30/2011

Part II Supporting Pages

PHA Name: Housing Authority of Newberry		Grant Type and Number Capital Fund Program Grant No: SC35P01650110		CFFP (Yes/No): No		Federal FFY of Grant: 2010	
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost	Revised ¹	Total Actual Cost	Status of Work
SC035-001 Julian E. Grant Homes	Landscaping/Erosion Control	1460	Dev-wide	10,000			
	Cycle Painting	1460	Dev-wide	5,000			
	Water Cutoff Valves	1460	Dev-wide	20,000			
	Relocate/Replace Water Heaters	1460	Dev-wide	28,000			
	Dryer Hook-ups	1460	Dev-wide	10,000			
	Appliances	1465.1	Dev-wide	8,000			
SC035-003 Bethlehem Gardens	Landscaping/Erosion Control	1460	Dev-wide	5,000			
	Cycle Painting	1460	Dev-wide	3,000			
	Flooring	1460	Dev-wide	139,000			
	Dryer Hook-ups	1460	Dev-wide	10,000			
	Appliances	1465.1	Dev-wide	4,000			
SC035-004 E. Gordon Able	Sidewalks	1450	Dev-wide	20,000			
	Landscaping/Erosion Control	1460	Dev-wide	5,000			
	Cycle Painting	1460	Dev-wide	3,000			
	HVAC	1460	Dev-wide	113,000			
	Replace Water Heaters	1460	Dev-wide	4,000			
	Water Cutoff Valves	1460	Dev-wide	10,000			
	Circular Heat Pumps	1460	Dev-wide	10,000			
	Dryer Hook-ups	1460	Dev-wide	10,000			
	Appliances	1465.1	Dev-wide	4,000			

Part II Supporting Pages

PHA Name:
Housing Authority of New

¹To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

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 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
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 Expires 4/30/2011

Part III: Implementation Schedule for Capital Fund Program

PHA Name: Housing Authority of Newberry						Federal FY of Grant: 2010
Development Number Name/PHA-Wide Activities		All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date			
SC035-001	09/30/2012	09/30/2014				
Julian E. Grant Homes						
SC035-003	09/30/2012	09/30/2014				
Bethlehem Gardens						
SC035-004	09/30/2012	09/30/2014				
E. Gordon Able						
PHA-WIDE Operations	09/30/2012	09/30/2014				
PHA-WIDE Management Improvements	09/30/2012	09/30/2014				
PHA-WIDE Administration	09/30/2012	09/30/2014				
PHA-WIDE Fees & Costs	09/30/2012	09/30/2014				
PHA-WIDE Nondwelling Equipment	09/30/2012	09/30/2014				

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
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Part I: Summary

PHA Name: Housing Authority of Newberry	Grant Type and Number Capital Fund Program Grant No: SC35P01650109 Date of CFFP: _____	FFY of Grant: 2009 FFY of Grant Approval: 2009			
<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/09					
<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost			
		Original	Revised ²	Obligated	Total Actual Cost ¹ Expended
1	Total non-CFFP Funds	0	0	0	0
2	1406 Operations (may not exceed 20% of line 21) ³	30,000	31,159	0	0
3	1408 Management Improvements	20,000	20,000	0	0
4	1410 Administration (may not exceed 10% of line 21)	40,000	50,000	0	0
5	1411 Audit	0	0	0	0
6	1415 Liquidated Damages	0	0	0	0
7	1430 Fees and Costs	20,000	30,000	0	0
8	1440 Site Acquisition	0	0	0	0
9	1450 Site Improvement	0	0	0	0
10	1460 Dwelling Structures	187,383	242,592	0	0
11	1465.1 Dwelling Equipment—Nonexpendable	14,500	14,500	0	0
12	1470 Non-dwelling Structures	0	0	0	0
13	1475 Non-dwelling Equipment	0	0	0	0
14	1485 Demolition	0	0	0	0
15	1492 Moving to Work Demonstration	0	0	0	0
16	1495.1 Relocation Costs	0	0	0	0
17	1499 Development Activities ⁴	0	0	0	0

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³ PHAs with under 250 units in management may use 100% of CFP Grants for operations

⁴ RHF funds shall be included here

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
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Part I: Summary		Federal FY of Grant: 2009 FFY OF Grant Approval: 2009	
PHA Name: Housing Authority of Newberry	Grant Type and Number Capital Fund Program Grant No: SC35P01650109 Replacement Housing Factor Grant No:		
Type of Grant	<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/09 <input type="checkbox"/> Final Performance and Evaluation Report		
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost ¹
		Original	Revised ²
18a	1501 Collateralization or Debt Service paid by the PHA	0	0
18b	9000 Collateralization or Debt Service paid via System of Direct Payment	0	0
19	1502 Contingency (may not exceed 8% of line 20)	0	0
20	Amount of Annual Grant: (sum of lines 2 - 19)	556,883	613,251
21	Amount of line 20 Related to LBP Activities	0	0
22	Amount of line 20 Related to Section 504 Activities	0	0
23	Amount of line 20 Related to Security - Soft Costs	0	0
24	Amount of Line 20 Related to Security - Hard Costs	0	0
25	Amount of line 20 Related to Energy Conservation Measures	0	0
Signature of Executive Director		Date <i>Jan B. Pernell</i> 10-15-09	Signature of Public Housing Director <i></i> Date

- ¹ To be completed for the Performance and Evaluation Report
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Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

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Part II Supporting Pages

PHA Name: Housing Authority of Newberry		Grant Type and Number Capital Fund Program Grant No: SC35P01650109		CFFP (Yes/No): No		Federal FFY of Grant: 2009	
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost	Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²
SC035-001	Landscaping/Erosion Control	1460	Dev-wide	8,883	8,883	0	0% 0%
Julian E. Grant Homes	Cycle Painting	1460	Dev-wide	8,000	8,000	0	0% 0%
	Ridge Vent Replacement	1460	Dev-wide	15,000	15,000	0	0% 0%
	Appliances	1465.1	Dev-wide	6,000	6,000	0	0% 0%
	Shed Lighting	1470	1	20,000	0	0	Deleted 0%
	Office Improvements	1470	1	137,500	137,500	0	0% 0%
	Security Cameras	1475	Dev-wide	20,000	20,000	0	0% 0%
SC035-003	Landscaping/Erosion Control	1460	Dev-wide	5,000	5,000	0	0% 0%
Bethlehem Gardens	Cycle Painting	1460	Dev-wide	4,000	4,000	0	0% 0%
	Vinyl Siding	1460	Dev-wide	0	55,209	0	0% 0%
	Appliances	1465.1	Dev-wide	4,500	4,500	0	0% 0%
	Security Cameras	1475	Dev-wide	20,000	20,000	0	0% 0%
SC035-004	Landscaping/Erosion Control	1460	Dev-wide	5,000	5,000	0	0% 0%
E. Gordon Able	Cycle Painting	1460	Dev-wide	4,000	4,000	0	0% 0%
	HVAC	1460	Dev-wide	137,500	137,500	0	0% 0%
	Appliances	1465.1	Dev-wide	4,000	4,000	0	0% 0%
	Security Cameras	1475	Dev-wide	20,000	20,000	0	0% 0%
PHA-WIDE Operations	Operating Expense	1406	1	30,000	31,159	0	0% 0%
PHA-WIDE Management Improvements	Computer Upgrades	1408	1	4,000	4,000	0	0% 0%
	Training	1408	1	10,000	10,000	0	0% 0%
	Inspector	1408	1	6,000	6,000	0	0% 0%

Part II Supporting Pages		Grant Type and Number		Federal FFY of Grant: 2009			
PHA Name:	Housing Authority of Newberry	Capital Fund Program Grant No:	SC35P01650109	CFFP (Yes/No):	No		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Act No.	Quantity	Total Estimated Cost		Total Actual Cost	Status of Work
PHA-WIDE Administration	Salaries	1410	1	40,000	50,000	0	0% 0%
PHA-WIDE Fees & Costs	A/E Fees	1430	1	20,000	30,000	0	0% 0%
PHA-WIDE Nondwelling Equipment	Equipment	1475	PHA-wide	27,500	27,500	0	0% 0%

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

2 To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part III: Implementation Schedule for Capital Fund Program

PHA Name: Housing Authority of Newberry

Development Number Name/PHA-Wide Activities		All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Federal FY of Grant: 2009	Reasons for Revised Target Dates ¹
Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date				
SC035-001 Julian E. Grant Homes	09/14/2011	09/14/2013					
SC035-003 Bethlehem Gardens	09/14/2011	09/14/2013					
SC035-004 E. Gordon Able	09/14/2011	09/14/2013					
PHA-WIDE Operations	09/14/2011	09/14/2013					
PHA-WIDE Management Improvements	09/14/2011	09/14/2013					
PHA-WIDE Administration	09/14/2011	09/14/2013					
PHA-WIDE Fees & Costs	09/14/2011	09/14/2013					
PHA-WIDE Nondwelling Equipment	09/14/2011	09/14/2013					

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Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
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Part I: Summary

PHA Name: Housing Authority of Newberry	Grant Type and Number Capital Fund Program Grant No: SC35S01650109 Date of CFFP: _____	Replacement Housing Factor Grant No: _____	FFY of Grant: ARRA FFY of Grant Approval: 2009
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/09 <input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Original	Revised ²
		Total Estimated Cost	Obligated
1	Total non-CFP Funds	0	0
2	1406 Operations (may not exceed 20% of line 21) ³	0	0
3	1408 Management Improvements	0	0
4	1410 Administration (may not exceed 10% of line 21)	78,160	0
5	1411 Audit	0	0
6	1415 Liquidated Damages	0	0
7	1430 Fees and Costs	50,000	50,000
8	1440 Site Acquisition	0	0
9	1450 Site Improvement	4,275	0
10	1460 Dwelling Structures	558,397	640,832
11	1465.1 Dwelling Equipment—Nonexpendable	0	0
12	1470 Non-dwelling Structures	20,766	20,766
13	1475 Non-dwelling Equipment	70,000	70,000
14	1485 Demolition	0	0
15	1492 Moving to Work Demonstration	0	0
16	1495.1 Relocation Costs	0	0
17	1499 Development Activities ⁴	0	0

1 To be completed for the Performance and Evaluation Report

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3 PHAs with under 250 units in management may use 100% of CFP Grants for operations

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Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
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Part I: Summary			
PHA Name:	Grant Type and Number	Federal FY of Grant:	
Housing Authority of Newberry	Capital Fund Program Grant No: SC355S01650109	ARRA FFY Of Grant Approval: 2009	
Type of Grant	<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Reserve for Disasters / Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/09	<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost ¹
		Original	Revised ²
18a	1501 Collateralization or Debt Service paid by the PHA	0	Obligated
18b	9000 Collateralization or Debt Service paid via System of Direct Payment	0	Expended
19	1502 Contingency (may not exceed 8% of line 20)	0	0
20	Amount of Annual Grant: (sum of lines 2 - 19)	781,598	0
21	Amount of line 20 Related to LBP Activities	0	0
22	Amount of line 20 Related to Section 504 Activities	0	0
23	Amount of line 20 Related to Security ~ Soft Costs	0	0
24	Amount of Line 20 Related to Security ~ Hard Costs	0	0
25	Amount of line 20 Related to Energy Conservation Measures	0	0
Signature of Executive Director		Date	Signature of Public Housing Director
<i>John B. Plunkett</i>		10-15-09	Date

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Part II Supporting Pages

PHA Name: Housing Authority of Newberry	Grant Type and Number Capital Fund Program Grant No: SC35S01650109	CFFP (Yes/No): No	Federal FFY of Grant: ARRA
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Development Number/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost	Revised ¹	Funds Obligated ²	Total Actual Cost	Funds Expended ²	Status of Work
SC035-003	Drainage	1450	Dev-wide	4,275	0	0	0	0	Deleted
Bethlehem	Shingles	1460	Dev-wide	78,624	161,059	0	0	0	0%
Gardens	Painting	1460	Dev-wide	25,140	25,140	0	0	0	0%
	Siding in Breezeways	1460	Dev-wide	26,498	26,498	0	0	0	0%
	Gutters/Downspouts	1460	Dev-wide	63,248	63,248	0	0	0	0%
	Stone	1460	Dev-wide	113,904	113,904	0	0	0	0%
	Landscaping	1460	Dev-wide	25,983	25,983	0	0	0	0%
	Flooring	1460	Dev-wide	225,000	225,000	0	0	0	0%
	ACM Bldg/Shingles	1470	1	2,166	2,166	0	0	0	0%
	ACM Bldg/Stone	1470	1	14,400	14,400	0	0	0	0%
	ACM Bldg/Screens	1470	1	800	800	0	0	0	0%
	ACM Bldg/General	1470	1	3,400	3,400	0	0	0	0%
PHA-WIDE	Salaries	1410	1	78,160	0	0	0	0	Deleted
Administration									
PHA-WIDE	A/E Fees	1430	1	50,000	50,000	0	0	0	0%
Fees & Costs									
PHA-WIDE	Surveillance Cameras	1475	PHA-wide	70,000	70,000	0	0	0	0%
Nondwelling Equipment									

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Part III: Implementation Schedule for Capital Fund Program

PHA Name: Housing Authority of Newberry		Federal FY of Grant: ARRA					
Development Number Name/PHA-Wide Activities		All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹	
Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	Original Expenditure End Date	Actual Expenditure End Date	Original Expenditure End Date	Actual Expenditure End Date
SC035-003	03/18/2010	03/18/2012					
Bethlehem							
Gardens							
PHA-WIDE	03/18/2010	03/18/2012					
Administration							
PHA-WIDE	03/18/2010	03/18/2012					
Fees & Costs							
PHA-WIDE	03/18/2010	03/18/2012					
Nondwelling							
Equipment							

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary

PHA Name: Housing Authority of Newberry	Grant Type and Number Capital Fund Program Grant No: SC35P01650108	Replacement Housing Factor Grant No:	FFY of Grant: 2008		
Date of CFFP:		FFY of Grant Approval: 2008			
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/09 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Original	Revised ²	Total Estimated Cost	Total Actual Cost ¹
Line	Summary by Development Account	Original	Revised ²	Total Estimated Cost	Total Actual Cost ¹
1	Total non-CFP Funds	0	0	0	0
2	1406 Operations (may not exceed 20% of line 21) ³	30,000	30,000	30,000	30,000
3	1408 Management Improvements	20,000	20,000	20,000	20,000
4	1410 Administration (may not exceed 10% of line 21)	40,000	40,000	40,000	8,132.50
5	1411 Audit	0	0	0	40,000
6	1415 Liquidated Damages	0	0	0	0
7	1430 Fees and Costs	20,000	20,000	20,000	19,415.46
8	1440 Site Acquisition	0	0	0	0
9	1450 Site Improvement	0	0	0	0
10	1460 Dwelling Structures	295,473	295,473	295,473	202,234.09
11	1465.1 Dwelling Equipment—Nonexpendable	17,000	17,000	17,000	832.90
12	1470 Non-dwelling Structures	150,000	150,000	150,000	57,706.60
13	1475 Non-dwelling Equipment	45,000	45,000	45,000	37,117.24
14	1485 Demolition	0	0	0	0
15	1492 Moving to Work Demonstration	0	0	0	0
16	1495.1 Relocation Costs	0	0	0	0
17	1499 Development Activities ⁴	0	0	0	0

¹ To be completed for the Performance and Evaluation Report

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations

⁴ RHF funds shall be included here

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary		Federal FY of Grant:		
PHA Name: Housing Authority of Newberry	Grant Type and Number Capital Fund Program Grant No: SC35F01650108 Replacement Housing Factor Grant No: 2008	FY OF Grant Approval: 2008		
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/09	<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Final Performance and Evaluation Report	<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report		
Line Summary by Development Account		Original	Revised ²	Total Actual Cost ³
18a 1501 Collateralization or Debt Service paid by the PHA	0	0	Obligated	Expended
18b 9000 Collateralization or Debt Service paid via System of Direct Payment	0	0	0	0
19 1502 Contingency (may not exceed 8% of line 20)	0	0	0	0
20 Amount of Annual Grant: (sum of lines 2 - 19)	617,473	617,473	0	0
21 Amount of line 20 Related to LBP Activities	0	0	617,473	365,438.79
22 Amount of line 20 Related to Section 504 Activities	0	0	0	0
23 Amount of line 20 Related to Security – Soft Costs	0	0	0	0
24 Amount of Line 20 Related to Security – Hard Costs	0	0	0	0
25 Amount of line 20 Related to Energy Conservation Measures	0	0	0	0
Signature of Executive Director <i>John B. Lewis</i>	Date 10-15-09	Signature of Public Housing Director <i>[Signature]</i>	Date	

¹ To be completed for the Performance and Evaluation Report

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations

⁴ RHF funds HANII be included here

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
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Part II Supporting Pages

PHA Name: Housing Authority of Newberry		Grant Type and Number Capital Fund Program Grant No: SC35P01650108		CFFP (Yes/No): No	Federal FFY of Grant: 2008
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost	Total Actual Cost
				Original	Revised ¹
SC035-001	Landscaping/Grading	1460	Dev-wide	8,000	8,000
Julian E. Grant Homes	Cycle Painting Appliances	1460	Dev-wide	8,000	8,000
	Missing Security Screens	1465.1	Dev-wide	6,000	6,000
	A/C @ 2 & 3 BR Apts.	1460	Dev-wide	10,000	10,000
	Office Repairs	1470	1	239,473	187,967.09
	Clothes Lines	1460	Dev-wide	6,000	6,000
SC035-003	Landscaping/Grading	1460	Dev-wide	5,000	5,000
Bethlehem Gardens	Cycle Painting Appliances	1460	Dev-wide	4,000	4,000
	Replace Water Heaters	1465.1	Dev-wide	3,000	3,000
	Clothes Lines	1460	Dev-wide	4,000	4,000
	Vinyl Siding	1460	Dev-wide	3,000	3,000
SC035-004	Landscaping/Grading	1460	Dev-wide	5,000	5,000
E. Gordon Able	Cycle Painting Appliances	1460	Dev-wide	4,000	4,000
	Clothes Lines	1460	Dev-wide	3,000	3,000
	A/C 1/2 Units	1460	Dev-wide	0	48,275.91
PHA-WIDE Operations	Operating Expense	1406	1	30,000	30,000
PHA-WIDE Management Improvements	Computer Upgrades Training Inspector	1408	1	4,000	4,000
		1408	1	10,000	10,000
		1408	1	6,000	6,000

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part III: Implementation Schedule for Capital Fund Program

PHA Name: Housing Authority of Newberry						Federal FY of Grant: 2008	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)	Original Obligation End Date	Actual Obligation End Date	All Funds Expended (Quarter Ending Date)	Original Expenditure End Date	Actual Expenditure End Date	Reasons for Revised Target Dates ¹
SC035-001 Julian E. Grant Homes	06/12/2010			06/12/2012			
SC035-003 Bethlehem Gardens	06/12/2010			06/12/2012			
SC035-004 E. Gordon Able	06/12/2010			06/12/2012			
PHA-WIDE Operations	06/12/2010			06/12/2012			
PHA-WIDE Management Improvements	06/12/2010			06/12/2012			
PHA-WIDE Administration	06/12/2010			06/12/2012			
PHA-WIDE Fees & Costs	06/12/2010			06/12/2012			
PHA-WIDE Nondwelling Equipment	06/12/2010			06/12/2012			

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
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 Expires 4/30/2011

Part I: Summary		Grant Type and Number Capital Fund Program Grant No: SC35P01650107	Replacement Housing Factor Grant No:	FFY of Grant: 2007
PHA Name: Housing Authority of Newberry	Date of CFFP:	FFY of Grant Approval: 2007		
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report		
Line	Summary by Development Account	Original	Revised ²	Total Actual Cost ¹
1	Total non-CFP Funds	0	0	0
2	1406 Operations (may not exceed 20% of line 21) ³	40,000	40,000	40,000
3	1408 Management Improvements	20,000	20,000	20,000
4	1410 Administration (may not exceed 10% of line 21)	40,000	40,000	40,000
5	1411 Audit	0	0	0
6	1415 Liquidated Damages	0	0	0
7	1430 Fees and Costs	20,000	20,000	20,000
8	1440 Site Acquisition	0	0	0
9	1450 Site Improvement	0	0	0
10	1460 Dwelling Structures	362,141	362,141	362,141
11	1465.1 Dwelling Equipment—Nonexpendable	24,742	24,742	24,742
12	1470 Non-dwelling Structures	50,000	50,000	50,000
13	1475 Non-dwelling Equipment	0	0	0
14	1485 Demolition	0	0	0
15	1492 Moving to Work Demonstration	0	0	0
16	1495.1 Relocation Costs	0	0	0
17	1499 Development Activities ⁴	0	0	0

¹ To be completed for the Performance and Evaluation Report

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement
 PHAs with under 250 units in management may use 100% of CFP Grants for operations

⁴ RHF funds shall be included here

Annual Statement/Performance and Evaluation Report Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary		Grant Type and Number Capital Fund Program Grant No: SC35P01650107 Replacement Housing Factor Grant No:	Federal FY of Grant: 2007 FFY OF Grant Approval: 2007
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/09 <input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost ¹
		Original	Revised ²
		Obligated	Expended
18a	1601 Collateralization or Debt Service paid by the PHA	0	0
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment	0	0
19	1602 Contingency (may not exceed 8% of line 20)	0	0
20	Amount of Annual Grant: (sum of lines 2 - 19)	556,383	556,383
21	Amount of line 20 Related to LBP Activities	0	0
22	Amount of line 20 Related to Section 504 Activities	0	0
23	Amount of line 20 Related to Security – Soft Costs	0	0
24	Amount of Line 20 Related to Security – Hard Costs	0	0
25	Amount of line 20 Related to Energy Conservation Measures	0	0
Signature of Executive Director		Date	Signature of Public Housing Director
		10-15-09	Date

- 1 To be completed for the Performance and Evaluation Report
- 2 To be completed for the Performance and Evaluation Report or a Revised Annual Statement
- 3 To be completed for the Performance and Evaluation Report or a Revised Annual Statement
- 4 RHF funds shall be included here

**Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program**

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
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Part II Supporting Pages		Grant Type and Number Capital Fund Program Grant No: SC35P01650107 CFFP (Yes/No): No		Federal FFY of Grant: 2007	
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost	Total Actual Cost
				Original	Revised ¹
SC035-001 Julian E. Grant Homes	Landscaping/Grading Cycle Painting Appliances Back Door Lighting Kitchen Lighting Paint/Repair Foundation Office Repairs A/C @ 2 & 3 BR Apts.	1460 1460 1465.1 1460 1460 1460 1470 1460	Dev-wide Dev-wide Dev-wide Dev-wide Dev-wide Dev-wide Dev-wide Dev-wide	8,000 4,000 10,000 8,300 6,000 10,000 50,000 253,841	8,000 4,000 10,000 8,300 6,000 10,000 50,000 179,841
SC035-003 Bethlehem Gardens	Landscaping/Grading Cycle Painting Appliances Furnaces Flooring Paint/Repair Foundation Replace Vent Covers	1460 1460 1465.1 1460 1460 1460 1460	Dev-wide Dev-wide Dev-wide Dev-wide Dev-wide Dev-wide Dev-wide	5,000 3,000 8,000 10,000 104,000 5,000 6,000	5,000 3,000 8,000 10,000 104,000 5,000 6,000
SC035-004 E. Gordon Able	Landscaping/Grading Cycle Painting Appliances Paint/Repair Foundation	1460 1465.1 1460	Dev-wide Dev-wide Dev-wide	5,000 3,000 5,000	5,000 3,000 5,000
PHA-WIDE	Operating Expense Operations	1406	1	40,000	40,000

Annual Statement/Performance and Evaluation Report Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part III: Implementation Schedule for Capital Fund Program

PHA Name: Housing Authority of Newberry		Federal FY of Grant: 2007		Reasons for Revised Target Dates ¹	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)	All Funds Expended (Quarter Ending Date)			
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
SC035-001 Julian E. Grant Homes	09/12/2009		09/12/2011		
SC035-003 Bethlehem Gardens	09/12/2009		09/12/2011		
SC035-004 E. Gordon Able	09/12/2009		09/12/2011		
PHA-WIDE Operations	09/12/2009		09/12/2011		
PHA-WIDE Management	09/12/2009		09/12/2011		
PHA-WIDE Improvements					
PHA-WIDE Administration	09/12/2009		09/12/2011		
PHA-WIDE Fees & Costs	09/12/2009		09/12/2011		

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary

PHA Name: Housing Authority of Newberry	Grant Type and Number Capital Fund Program Grant No: SC35P01650106 Date of CFFP: _____	Replacement Housing Factor Grant No: _____	FFY of Grant: 2006 FFY of Grant Approval: 2006
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/09 <input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Original	Revised ²
	Total Estimated Cost	Total Actual Cost ¹	Obligated
1	Total non-CFP Funds	0	0
2	1406 Operations (may not exceed 20% of line 21) ³	46,892	50,332.72
3	1408 Management Improvements	20,000	16,612.61
4	1410 Administration (may not exceed 10% of line 21)	57,000	57,000
5	1411 Audit	0	0
6	1415 Liquidated Damages	0	0
7	1430 Fees and Costs	20,000	20,000
8	1440 Site Acquisition	0	0
9	1450 Site Improvement	106,058	106,058
10	1460 Dwelling Structures	283,244	283,190.67
11	1465.1 Dwelling Equipment—Nonexpendable	9,465	9,465
12	1470 Non-dwelling Structures	0	0
13	1475 Non-dwelling Equipment	20,000	20,000
14	1485 Demolition	0	0
15	1492 Moving to Work Demonstration	0	0
16	1495.1 Relocation Costs	0	0
17	1499 Development Activities ⁴	0	0

1 To be completed for the Performance and Evaluation Report

2 To be completed for the Performance and Evaluation Report or a Revised Annual Statement

3 PHAs with under 250 units in management may use 100% of CFP Grants for operations
 4 RHF funds shall be included here

**Annual Statement of Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program**

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary		Grant Type and Number Capital Fund Program Grant No: SC35P01650106 Replacement Housing Factor Grant No:		Federal FY of Grant: 2006 FFY OF Grant Approval: 2006	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/09 <input type="checkbox"/> Final Performance and Evaluation Report		Line by Development Account		Total Actual Cost ¹	
Line	Summary	Total	Estimated Cost	Original	Revised ²
				Obligated	Expendited
18a	1501 Collateralization or Debt Service paid by the PHA	0	0	0	0
18b	8000 Collateralization or Debt Service paid Via System of Direct Payment	0	0	0	0
19	1502 Contingency (may not exceed 8% of line 20)	0	0	0	0
20	Amount of Annual Grant: (sum of lines 2 – 19)	562,859	562,859	562,859	562,859
21	Amount of line 20 Related to LBP Activities	0	0	0	0
22	Amount of line 20 Related to Section 504 Activities	0	0	0	0
23	Amount of line 20 Related to Security – Soft Costs	0	0	0	0
24	Amount of line 20 Related to Security – Hard Costs	0	0	0	0
25	Amount of line 20 Related to Energy Conservation Measures	0	0	0	0
Signature of Executive Director		Date	Signature of Public Housing Director		Date
<i>John B. Penne</i>		10-15-09			

¹ To be completed for the Performance and Evaluation Report
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement

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Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part II Supporting Pages

PHA Name: Housing Authority of Newberry		Grant Type and Number Capital Fund Program Grant No: SC35P01650106		CFFP (Yes/No): No		Federal FFY of Grant: 2006	
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost	Revised ¹	Total Actual Cost	Status of Work
SC035-001 Julian E. Grant Homes	Landscaping/Grading Cycle Painting Appliances Replace Screen Doors A/C @ 3,4 & 5 BR Apts.	1460 1460 1465.1 1450 1460	Dev-wide Dev-wide Dev-wide Dev-wide Dev-wide	13,079 3,999 6,765 106,058 260,939	13,079 4,336.40 6,765 106,058 260,939	13,079 4,336.40 6,765 106,058 260,939	13,079 4,336.40 6,765 106,058 260,939
SC035-003 Bethlehem Gardens	Fence Around A/C Units Cycle Painting Appliances	1450 1460 1465.1	Dev-wide Dev-wide Dev-wide	0 2,500 1,350	0 2,899.35 1,350	0 2,899.35 1,350	0 2,899.35 1,350
SC035-004 E. Gordon Able	Cycle Painting Appliances Roof @ All Buildings A/C @ 1,2 & 4 BR Apts. Replace Tub Surrounds	1460 1465.1 1460 1460 1460	Dev-wide Dev-wide Dev-wide Dev-wide Dev-wide	2,727 1,350 0 0 0	1,936.92 1,350 0 0 0	1,936.92 1,350 0 0 0	1,936.92 1,350 0 0 0
PHA-WIDE Operations	Operating Expense	1406	1	46,892	50,332.72	50,332.72	50,332.72
PHA-WIDE Management Improvements	Computer Upgrades Training Inspector	1408 1408 1408	1 1 1	4,000 10,000 6,000	4,000 11,712.61 900	4,000 11,712.61 900	4,000 11,712.61 900

Part II Supporting Pages		Grant Type and Number Capital Fund Program Grant No: SC35P01650106 CFFP (Yes/No): No		Federal FFY of Grant: 2006	
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost	Total Actual Cost
				Original	Revised ¹
PHA-WIDE Administration	Salaries	1410	1	57,000	57,000
PHA-WIDE Fees & Costs	A/E Fees	1430	1	20,000	20,000
PHA-WIDE Nondwelling Equipment	Equipment	1475	PHA-wide	20,000	20,000

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

²To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Program

PHA Name: Housing Authority of Newberry

Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)	Original Obligation End Date	Actual Obligation End Date	All Funds Expended (Quarter Ending Date)	Federal FY of Grant: 2006	Reasons for Revised Target Dates ¹
SC035-001 Julian E. Grant Homes	07/17/2008			07/17/2010		
SC035-003 Bethlehem Gardens	07/17/2008			07/17/2010		
SC035-004 E. Gordon Able	07/17/2008			07/17/2010		
PHA-WIDE Operations	07/17/2008			07/17/2010		
PHA-WIDE Management Improvements	07/17/2008			07/17/2010		
PHA-WIDE Administration	07/17/2008			07/17/2010		
PHA-WIDE Fees & Costs	07/17/2008			07/17/2010		
PHA-WIDE Nondwelling Equipment	07/17/2008			07/17/2010		

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended

Capital Fund Program—Five-Year Action Plan

Part I: Summary

PHA Name/Number		Housing Authority of Newberry/SC035	Locality (City/County & State) Newberry/Newberry County South Carolina			<input checked="" type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:
A.	Name	Development Number and Work Statement for Year 1 FFY 2010	Work Statement for Year 2 FFY 2011	Work Statement for Year 3 FFY 2012	Work Statement for Year 4 FFY 2013	Work Statement for Year 4 FFY 2014	Work Statement for Year 5 FFY 2015
B.	Physical Improvements Subtotal		437,000	437,000	437,000	437,000	437,000
C.	Management Improvements		20,000	20,000	20,000	20,000	20,000
D.	PHA-Wide Non-dwelling Structures and Equipment		25,000	25,000	25,000	25,000	25,000
E.	Administration		50,000	50,000	50,000	50,000	50,000
F.	Other <u>(1430)</u>		50,000	31,251	31,251	31,251	31,251
G.	Operations		0	0	0	0	0
H.	Demolition		0	0	0	0	0
I.	Development		0	0	0	0	0
J.	Capital Fund Financing – Debt Service		0	0	0	0	0
K.	Total CFP Funds		613,251	613,251	613,251	613,251	613,251
L.	Total Non-CFP Funds		0	0	0	0	0
M.	Grand Total		613,251	613,251	613,251	613,251	613,251

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/20011

Part I: Summary (Continuation)

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2001

Part II: Supporting Pages – Physical Needs Work Statement(s)					
Work Statement for Year 1 FFY 2010		Work Statement for Year: 2 FFY 2011		Work Statement for Year: 3 FFY 2012	
Work Statement for Year 1 FFY 2010	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity
See Attached Annual Statement	SC035-001/Julian E. Grant Homes			SC035-001/Julian E. Grant Homes	
Landscape/Grading	Dev-wide	10,000	Landscaping/Grading	Dev-wide	10,000
Cycle Painting	Dev-wide	5,000	Street Lighting	Dev-wide	20,000
Tub Surrounds (2 & 3 BR units)	Dev-wide	82,500	Cycle Painting	Dev-wide	8,000
Sewer Lines	Dev-wide	41,000	Trash Carts	Dev-wide	12,000
Laundry Room Doors	Dev-wide	20,000	Roofing	Dev-wide	132,500
Door Lock Cores	Dev-wide	15,000	Appliances	Dev-wide	8,000
Exterior GFI's	Dev-wide	10,000	Security Cameras	Dev-wide	2,500
Interior Drainage Improvements	Dev-wide	26,000			
Pest Control	Dev-wide	10,000	SC035-003/Bethlehem Gardens		
Appliances	Dev-wide	8,000	Landscaping/Grading	Dev-wide	5,000
Range Hood Replacement	Dev-wide	15,000	Cycle Painting	Dev-wide	4,000
Security Cameras	Dev-wide	2,500	Trash Carts	Dev-wide	4,000
		GFI's		Dev-wide	15,000
			Refinish Kitchen Cabinets	Dev-wide	40,500
SC035-003/Bethlehem Gardens				Dev-wide	10,000
Landscape/Grading	Dev-wide	5,000	Water Heaters	Dev-wide	4,000
Playground Equipment	Dev-wide	20,000	Appliances	Dev-wide	2,500
Cycle Painting	Dev-wide	3,000	Security Cameras	Dev-wide	
Door Lock Cores	Dev-wide	2,500			
Windows	Dev-wide	44,500	SC035-004/E. Gordon Able		
Drainage Improvements	Dev-wide	5,000	Landscaping/Grading	Dev-wide	5,000
Appliances	Dev-wide	4,000	Cycle Painting	Dev-wide	4,000
Range Hood Replacement	Dev-wide	6,000	Trash Carts	Dev-wide	3,500
Security Cameras	Dev-wide	2,500	Porch Column Replacement	Dev-wide	26,000
			Sliding Replacement	Dev-wide	104,000
			Water Heaters	Dev-wide	10,000
			Appliances	Dev-wide	4,000
			Security Cameras	Dev-wide	2,500

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

Capital Fund Program—Five-Year Action Plan

**U.S. Department of Housing and Urban Development
Office of Public and Indian Housing**
Expires 4/30/2011

Part II: Supporting Pages – Physical Needs Work Statement(s)

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

Part III: Supporting Pages – Management Needs Work Statement(s)

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/20011

Civil Rights Certification

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

Civil Rights Certification**Annual Certification and Board Resolution**

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioner, I approve the submission of the Plan for the PHA of which this document is a part and make the following certification and agreement with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof.

The PHA certifies that it will carry out the public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990, and will affirmatively further fair housing.

Housing Authority of Newberry

SC035

PHA Name

PHA Number/HA Code

<small>I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)</small>			
Name of Authorized Official <i>Tommy J. Bowers</i>	Tommy J. Bowers	Title	Board Chairman
Signature		Date	10-15-09

Certification for a Drug-Free Workplace

U.S. Department of Housing
and Urban Development

Applicant Name
Housing Authority of Newberry

Program/Activity Receiving Federal Grant Funding

FFY 2010 Five Year and Annual Agency Plan

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

2. **Sites for Work Performance.** The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above; Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

SC035-001 Julian E. Grant Homes; SC035-003 Bethlehem Gardens and SC035-004 E. Gordon Able

Check here if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.
Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official Jan Piersol	Title Executive Director
Signature <u>x Jan B Piersol</u>	Date 10-15-09

form HUD-50070 (3/98)
ref. Handbooks 7417.1, 7475.13, 7485.1 &.3

**Certification of Payments
to Influence Federal Transactions**

**U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing**

Applicant Name

Housing Authority of Newberry

Program/Activity Receiving Federal Grant Funding

FFY 2010 Five Year and Annual Agency Plan

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official Jan Piersol	Title Executive Director
Signature <i>Jan B. Piersol</i>	Date (mm/dd/yyyy) 10-15-09

Previous edition is obsolete

form HUD 50071 (3/98)
ref. Handbooks 7417.1, 7475.13, 7485.1, & 7485.3

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

Approved by OMB
0348-0046

1. Type of Federal Action: <input type="checkbox"/> b. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year <u>NA</u> quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Housing Authority of Newberry 3589 Grant Avenue Newberry, South Carolina 29108	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: NA	
Congressional District, if known: 5th	Congressional District, if known:	
6. Federal Department/Agency: U.S. Department of Housing and Urban Development	7. Federal Program Name/Description: FFY 2010 Five Year and Annual Agency Plan CFDA Number, if applicable: _____	
8. Federal Action Number, if known: NA	9. Award Amount, if known: \$ 613,251	
10. a. Name and Address of Lobbying Registrant <i>(if individual, last name, first name, MI):</i> NA	b. Individuals Performing Services <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i> NA	
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.		Signature: <u>Jan Piersol</u> Print Name: Jan Piersol Title: Executive Director Telephone No.: (803) 276-1049 Ext. 5 Date: 10/14/2009
Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

Comments of Resident Advisory Board

The Housing Authority of Newberry (HAN) conducted its Resident Advisory Board (RAB) Meeting at the HAN Community Room. The purpose of the meeting was to discuss the FY 2010 PHA Agency Plan with the Board and to receive their comments and recommendations relative to the contents of both the Five Year Plan and Annual Plan. A thorough explanation of the contents of the PHA Plan was discussed with the Board as well as how the HAN arrived with the information. The Board showed favorable consideration to the FY 2010 PHA Agency Plan and had no additional comments or suggestions relative to the capital improvements.

Certification by State or Local Official of PHA Plans Consistency with the Consolidated Plan

I, Ed Knight, the Authorized Signatory for the SC State Housing Finance and Development Authority, certify that the Annual PHA Plan for Fiscal Year 2010 and 5-Year PHA Plan for Fiscal Years 2010-2014 for the Newberry Housing Authority are consistent with the Consolidated Plan of the State of South Carolina prepared pursuant to 24 CFR Part 91.



Signed / Dated by Appropriate State or Local Official
Edwin R. Knight, Deputy Director of Administration
and Authorized Signatory

Date: 10-15-09

SC035j01

Newberry Housing Authority addresses VAWA with the following policy:

Violence Against Women Act (VAWA) Policy

1.0 Purpose

The purpose of this Policy is to implement the applicable provisions of the Violence Against Women and to set forth the Housing Authority of City of Newberry's, (hereafter NHA) policies and procedures regarding domestic violence, dating violence and stalking, as hereinafter defined.

The Policy will assist NHA in administering rights under the Violence Against Women Act to its applicants, public housing residents, Section 8 Housing Choice Voucher Program participants and other program participants. Notwithstanding its title, this policy is gender-neutral, and its protections are available to males who are victims of domestic violence, dating violence, or stalking as well as female victims of such violence.

2.0 Goals and Objectives

This policy has the following principal goals and objectives:

- A. Maintaining compliance with all applicable legal requirements imposed by VAWA;
- B. Ensuring the physical safety of victims of actual or threatened domestic Violence, dating violence or stalking who are assisted by NHA with the victims cooperation and assistance..
- C. Providing and maintaining housing opportunities for victims of domestic violence, dating violence or stalking
- D. Create and work to maintain collaborative arrangements between NHA law enforcement authorities, victim service providers, and others to promote the safety and well-being of victims of actual and threatened domestic violence, dating violence and stalking who are assisted by NHA.
- E. Take appropriate action in response to an incident or incidents of domestic violence, dating violence, or stalking affecting individuals assisted by NHA.

3.0 Other Housing Authority Policies and Procedures

This Policy shall be referenced in and attached to NHA's Annual Plan for Fiscal Year 2009 and shall be incorporated in and made a part of the NHA's Admissions and Continued Occupancy Policy as well as the Section 8 Housing Choice Voucher Program Administrative Plan.

4.0 Definitions

Domestic Violence – The term “domestic Violence” includes felony or misdemeanor crimes of violence committed by a current or former spouse of the victim, by a person with whom the victim shares a child in common, by a person who is cohabiting with or has cohabited with the victim as a spouse, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies, or by any other person against an adult or youth victim who is protected from that person’s acts under the domestic or family violence laws of the jurisdiction.

Dating Violence – Means violence committed by a person –

- A Who is or has been in a social romantic or intimate nature with the victim; and
- B. Where the existence of such a relationship shall be determined based on a consideration of the following factors:
 - 1. The length of the relationship.
 - 2. The type of the relationship.
 - 3. The frequency of interaction between the persons involved in the relationship.

Stalking – Means

- A. To follow, pursue, or repeatedly commit acts with the intent to kill, injure, harass, or intimidate another person; and
- B. In the course of, or as a result of, such following, pursuit, surveillance or repeatedly committed acts, to place a person in reasonable fear of the death of, or serious bodily injury to, or to cause substantial emotional harm to that person; a member of the immediate family of that person; or the spouse or intimate partner of that person.

Immediate Family Member – means with respect to a person –

- A A spouse, parent, brother, sister, or child of that person, or an individual to whom that person stands in loco parentis; or
- B. Any other person living in the household of that person and related to that person by blood or marriage.

Perpetrator – Means person who commits an act of domestic violence, dating violence or stalking against a victim.

Victim – Is a person who is the victim of domestic violence, dating violence, or stalking under this Policy and who has timely and completely completed the certification as outlined in Section 5 of this Policy or as requested by NHA.

5.0 Certification and Confidentiality

An individual who claims protection against adverse action based on an incident or incidents of actual or threatened domestic violence, dating violence or stalking, and who is requested by NHA or a Section 8 owner or manager to provide verification, must provide such verification within 14 business days after receipt of the request for verification. Failure to provide verification in proper form within such time will result in loss of protection under the VAWA and this policy against a proposed adverse action.

For each incident that a person is claiming is abuse, the person shall certify to NHA, a Section 8 owner or manager their victim status by completing a HUD approved certification form. The person shall certify the date, time and description of the incidents, that the incidents are bona fide incidents of actual or threatened abuses and meet the requirements of VAWA and this Policy. The person shall provide information to identify the perpetrator including but not limited to the name and, if known, all alias names, date of birth, address, contact information such as postal, e-mail or internet address, telephone or facsimile number or other information. The victim must also be willing to issue restraining orders against the perpetrator and agree with the NHA, Section 8 owner or manager to issue trespass notice to the perpetrator.

A person who is claiming victim status shall provide to NHA, a Section 8 owner, or manager the following:

- A. Documentation signed by the victim and an employee, agent, or volunteer of a victim service provider, an attorney, or a medical professional from whom the victim has sought assistance in addressing domestic violence, dating violence or stalking or the

effects of the abuse, in which the professional attest under penalty of perjury (28U.S.C.~1746) to the professional's belief that the incident(s) in question are bona fide incidents of abuse, or;

- B. A Federal, State, Tribal, Territorial, Local Police or Court Record.

Confidentiality:

All information (including the fact that an individual is a victim of domestic violence, dating violence or stalking) provided to NHA or to a Section 8 owner or manager in connection with a verification required under this Policy or provided in lieu of such verification where a waiver of verification is granted , shall be retained by the receiving party in confidence and shall neither be entered in any shared database nor provided to any related entity, except where disclosure is:

- A. Requested or consented to by the individual in writing, or
- B. Required for use in a public housing eviction proceeding or in connection with termination of Section 8 assistance, as permitted in the VAWA, or;
- C. Otherwise required by law.

6.0 Appropriate Basis for Denial of Admission, Assistance or Tenancy

- A. NHA shall not deny participation or admission to a program on the basis of a person victim status, if the person otherwise qualifies for admission of assistance.
- B. An incident or incidents of actual or threatened domestic violence, dating violence or stalking will not be a serious or repeated violation of the lease by the victim and shall not be good cause for denying to a victim admission to a program, terminating assistance or occupancy rights, or evicting a tenant, provided the victim has cooperated with NHA, Section 8 owner or manager in taking the appropriate actions against the perpetrator.
- C. Criminal activity directly related to domestic violence, dating violence, or stalking engaged in by a member of a tenant's household or any guest or other person under the tenant's control shall not be cause for termination of assistance, or occupancy

rights if the tenant or an immediate member of the tenant's family is the victim of the domestic violence, dating violence or stalking.

- D. NHA, a Section 8 owner or manager may bifurcate a lease to evict, remove or terminate assistance to any individual who is a tenant or lawful occupant and who engages in criminal acts of physical violence against family members or others without evicting, removing, terminating assistance to or otherwise penalizing the victim of the violence who is also a tenant or lawful occupant.
- E. Nothing in this Policy shall limit the authority of NHA, a Section 8 owner, or manager, when notified to honor court orders addressing rights of access to or control of the property, including civil protection orders issued to protect the victim and issued to address the distribution or possession of property among the household members when the family breaks up.
- F. Nothing in this policy limits NHA, a Section 8 owner, or manager's authority to evict or terminate assistance to any tenant for any violation of the lease not premised on the act or acts of violence against the tenant or a member of the tenant's household. However NHA, a Section 8 owner, or manager may not hold a victim to a more demanding standard.
- G. Nothing in this Policy limits NHA, a Section 8 owner, or manager to evict or terminate assistance, or deny admission to a program if the NHA, Section 8 owner, or manager can show an actual and imminent threat to other tenants, neighbors, guests, their employees, persons providing service to the property or others if the tenant family is not evicted or terminated from assistance or denied admission.
- H. Nothing in this Policy limits NHA, a Section 8 owner, or manager's authority to deny admission, terminate assistance, or evict a person who engages in criminal acts including but not limited to acts of physical violence or stalking against family members or others.
- I. A Section 8 recipient who moves out of a assisted dwelling unit to protect their health or safety and who: a) is a victim under this Policy; b) reasonably believes he or she was imminently threatened by harm from further violence if he or she remains in the unit; and c) has complied with all other regulations of the Section 8 program may receive a voucher and move to another Section 8 jurisdiction.

J. A public housing tenant who wants a transfer to protect their health or safety and who: a) is a victim under this Policy; b) reasonably believes he or she was imminently threatened by harm from further violence if he or she remains in the unit; and c) has complied with all other regulations of the public housing income program may transfer to another unit if available.

7.0 Actions Against a Perpetrator.

NHA, Section 8 owner, or manager may evict, terminate assistance, deny admission to a program or trespass a perpetrator from its property under this Policy. The victim shall take action to control or prevent the domestic violence, dating violence, or stalking. The action may include but is not limited to: a) obtaining and enforcing a restraining or no contact order or order for protection against the perpetrator; b) obtaining and enforcing a trespass against the perpetrator; c) enforcing NHA or law enforcement's trespass of the perpetrator; d) preventing the delivery of the perpetrator's mail to the victim's unit; e) providing identifying information listed Section 5 of this Policy. Any victim failing to uphold to the actions required by NHA of a perpetrator, forfeits all rights under this policy under the VAWA.

8.0 Admissions and Screening

The VAWA does not require an admission preference, however at this time the NHA does offer an admissions preference for persons who are victims of domestic violence, dating violence or stalking.

9.0 Conflict and Scope

This Policy does not enlarge NHA's duty under any law, regulation or ordinance. If this Policy conflicts with the applicable law, regulation or ordinance, the law, regulation or ordinance shall control. If this Policy conflicts with another NHA policy, such as its Admission and Continued Occupancy Policy or the Section 8 Administrative Plan, this Policy will preference.

10.0 Amendment:

The Executive Director and or Board of Commissioners may amend this policy when it is reasonably necessary to effectuate the Policy's intent purpose, or interpretation, based upon HUD's guidelines when they are published or other rationale requiring an amendment.